

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M P		7-24-01
O.I.P.E. CLASSIFIER			7-31-01
FORMALITY REVIEW	MIB ZJP	954 1029	8/29/01 03/26/02
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

Claim	Date
Final	8/5/01
Original	8/5/01
1	8/5/01
2	8/5/01
3	8/5/01
4	8/5/01
5	8/5/01
6	8/5/01
7	8/5/01
8	N
9	8/5/01
10	8/5/01
11	8/5/01
12	8/5/01
13	8/5/01
14	8/5/01
15	8/5/01
16	8/5/01
17	8/5/01
18	8/5/01
19	8/5/01
20	N
21	8/5/01
22	N
23	8/5/01
24	8/5/01
25	8/5/01
26	N
27	N
28	N
29	N
30	N
31	N
32	N
33	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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1030  
3-20-02

OS/29